COMPLETION NOTIFICATION

FOR REMOVAL OR ENCAPSULATION OF ASBESTOS

To Submit this Completion Notification, follow these two steps:

Return Original Notification to:

EPD - Asbestos Completion Notification,

4244 International Parkway, Atlanta, GA 30354

If additional payment is due, return Payment with $\underline{\text{COPY}}$ of the Notification to:

EPD - Asbestos Fees, PO Box 101173, Atlanta, Georgia 30392



I. PROJE	ECT IN	IFORMATI	ON:		
Asbestos Projec	t:				
Project Address	:				
City: State: <u>Georgia</u> County:				Completion Date:	
Removal Contractor (Agent Name):				License Number:	
Removal Contractor/Company Name:				Telephone No:	
II. FEE SC	CHEDU	LE			
Removal Fee: Ten cents (\$.10) per linear or square foot of friable asl \$25.00 (any friable asbestos project) Maximum Fee: \$50.00 (residential friable asbestos project) Maximum Fee: \$1000 (other friable asbestos projects)				sbestos	For State Use Only:
ACTUAL REMO	OVAL:				Descrived Don
		Linear Feet Square Feet		t	Received By: Deposit Date:
Original Fee Paid:		\$	Check Number:		Batch Number:
Actual Fee Due:		\$			Sequence Number:
Additional Fee Pa	id:	\$	Check Number:		
		NFORMAT	TION:	Permit Number:	
			SQ/F1		
Were Containers Labeled "Asbestos Waste": EPA/OSHA: Yes:No:No:No:					
IV. CERTI	FICAT	ION			
			ed in accordance with the disposa Part 61.140-61.156, and the Geo		
Agent Signature/Title				Date	